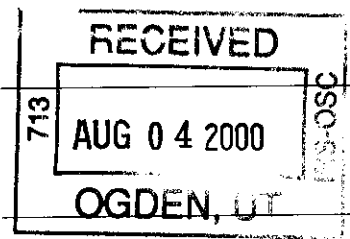


<b>Part I General Information</b>	
<b>1</b> Name of organization Williams for Sheriff	<b>Employer identification number</b> 65 1026911
<b>2</b> Mailing address (P.O. Box or number, street, and room or suite number) Post Office Box 13027 City or town, state, and ZIP code Fort Pierce, FL 34979	
<b>3</b> E-mail address of organization dmw1160@aol.com	
<b>4a</b> Name of custodian of records Dennis M. Williams	<b>4b</b> Custodian's address Post Office Box 13027 Fort Pierce, FL 34979-3027
<b>5a</b> Name of contact person Dennis M. Williams	<b>5b</b> Contact person's address Post Office Box 13027 Fort Pierce, FL 34979
<b>6</b> Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code	

<b>Part II Purpose</b>
<b>7</b> Describe the purpose of the organization Running as candidate for Sheriff of St. Lucie County

<b>Part III List of All Related Entities (see instructions)</b>		
<b>8a</b> Name of related entity	<b>8b</b> Relationship	<b>8c</b> Address



[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

*Jan. M. Wallin*  
Signature of authorized official

July 31, 2000  
Date